

## HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST

### CONSENT FORM (ORASURE)

This is not a test for AIDS. This is a test for the antibodies to the virus named HIV. A counselor told me what a negative or positive test result means. On the counselor's next visit, my test result will be explained.

I understand that knowing my HIV result is important to my health. I understand that I will test confidentially and will sign my name, and provide my address and phone number on this form. This is the best way for me to enter into treatment and to learn of other available services. It is also a way for the counselor to reach me.

I will get a code number. This number will be on the consent form, lab slip and specimen tube. The lab slip and specimen tube will be sent to the State laboratory where the test will be done. My code number, not my name, will be on the lab slip and the specimen tube. All records are kept under lock and key.

Should I test positive this information will be reported to the New Jersey Department of Health and Senior Services as required by law. Any other release of this information will require my written consent or a court order or subpoena. I have read or someone has read this form to me. All my questions have been answered.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Code Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Phone Number)